



Study Methodology

- Baseline cohort of 63,141 MaineCare members ages 18 to 60 with 22 to 24 months of eligibility in 2007 and 2008
- Dually eligible Medicare/Medicaid members excluded (incomplete claims history)
- Data source: MaineCare administrative data includes all paid claims across physical and behavioral health

Population Subgroups

MCC Behavioral Groups

1. No Behavioral Health (**No BH**) *has no qualifying behavioral health diagnosis*
2. Substance Abuse Only (**SA Only**)
3. Mental Health Only (**MH Only**)
4. Dual (**MH and SA**)
5. Mental Retardation/Traumatic Brain Injury/Developmental Disability (**MR/TBI/DD**)

Diabetes Groups

1. Diabetes
 - 1 inpatient diabetes claim **OR**
 - 2 outpatient/physician based diabetes claim **OR**
 - Insulin claim
2. At Risk for Diabetes
 - Physician diagnosis of pre-diabetes **OR**
 - Metformin claim **OR**
 - Dyslipidemia and Obesity and Hypertension claims **OR**
 - Polycystic Ovary Syndrome **OR**
 - Dysmetabolic Syndrome

When Might the Risks Outweigh the Benefits in Prescribing Antipsychotics to MaineCare Members?

This month's snapshot highlights the use of antipsychotics for MaineCare members with multiple chronic conditions. These findings are from the AHRQ/DHHS Multiple Chronic Conditions (MCC) Project, an epidemiologic study of utilization, cost, quality of care and outcomes for long term MaineCare members with multiple medical co-morbidities and behavioral health disorders.

Demographics and Use of Antipsychotics

Antipsychotics are critical in the care of persons with a major mental illness. In Maine, virtually all antipsychotic prescriptions are for atypical antipsychotics, which have significant safety issues, such as increasing the likelihood of diabetes, obesity, dyslipidemia, and heart disease. Atypical antipsychotics account for 13% of MaineCare's pharmacy budget.

MCC Behavioral Health Group	Number of Members	Percent of Cohort	Members on Antipsychotic	Prevalence of Antipsychotic Use
No BH	32,272	51%	329	1%
SA Only	1,610	3%	28	2%
MH Only	17,165	27%	2,156	13%
Dual (MH and SA)	7,861	12%	1,902	24%
MR/TBI/DD	4,233	7%	1,090	26%
OVERALL TOTAL	63,141	100%	5,505	8.7%

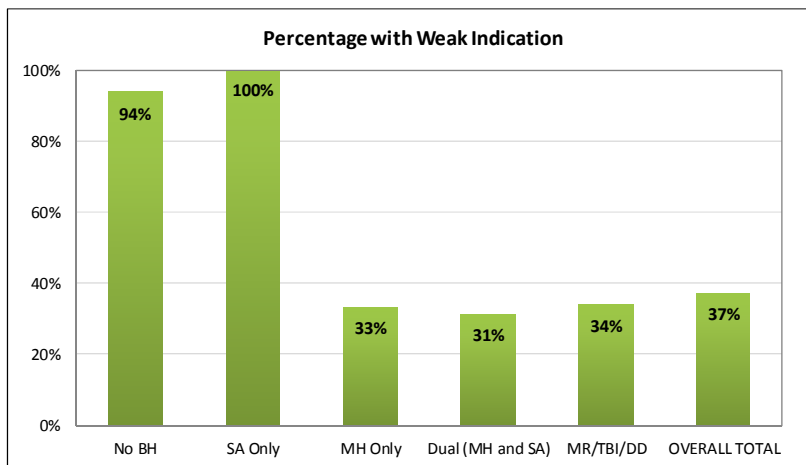
- Almost one-half (49%) of the study group has a behavioral health disorder.
- Within each MCC behavioral health group, the prevalence of antipsychotic use ranges from one in four members in MR/TBI/DD and Dual (MH and SA) groups to 13% for the MH Only group and 2% for the SA Only group.
- Surprisingly, among the group without a behavioral health disorder, 329 were prescribed antipsychotics.

ACRONYMS

AHRQ – Agency for Healthcare and Research Quality
DHHS – Department of Health and Human Services
MCC – Multiple Chronic Conditions

Antipsychotic Use and Health Risk

Current scientific literature shows antipsychotic medication is highly effective in the treatment of Autism and Serious Mental Illness (psychotic disorders, severe depression, and bipolar disorders). Cohort members with these disorders were considered to have a strong indication for use of antipsychotics. The evidence for benefit in a variety of other behavioral health disorders is limited. Cohort members classified as having a weak indication for antipsychotic use were those with the following: Depression (*except severe depression*), anxiety, posttraumatic stress, personality, adjustment-related, “other” mental health-related disorders, and no behavioral health diagnosis in any claims.



Overall, 37% of MaineCare members receiving an antipsychotic medication showed weak or absent indication for the prescription. The rates increase to almost 100% for members in the no behavioral health group or those with substance abuse only. While some individuals with weak indication may benefit from receiving antipsychotic medication, given the significantly increased risks of developing cardio-metabolic diseases, it is of concern that such a high proportion of adult MaineCare members on antipsychotics have a weak or absent indication for use.

Overall, 31% of MaineCare members with metabolic disorders on antipsychotics are in the weak or no indication group. MaineCare members who have diabetes or risk of diabetes deserve re-assessment of the benefit of receiving antipsychotics, given their risk of developing diabetes, complications of diabetes or cardiovascular disease.

MCC Health Group	Number of Antipsychotic Users	Number of Antipsychotic Users That Have Weak Indication for Use	% of Antipsychotic Users That Have Weak Indication for Use
Member with Diabetes	923	273	30%
Member at Risk for Diabetes	510	177	35%
TOTAL	1433	450	31%

Diabetes Group	Antipsychotic Users	Number with Both Lipid and Glucose Tests	% with Both Tests
No Diabetes	4072	1316	32.3%
Diabetes	923	703	76.2%
Risk of Diabetes	510	288	56.5%
TOTAL	5505	2307	41.9%

Annual screening for lipid and glucose levels is recommended as a best practice for persons on atypical antipsychotics. However, less than half antipsychotic users in the study cohort received this recommended monitoring. While rates of monitoring are higher for those antipsychotic users with diabetes or at risk for diabetes, 30% of these high risk groups are not receiving monitoring, nor is it known whether prescribers of antipsychotics or those providing medical care are using monitoring data to inform treatment.

Questions to Consider...

1. How might this data inform metric development for reporting to both behavioral health and primary care providers and for evaluation of Maine’s Health Homes and Accountable Community initiatives?
2. What pharmacologic and health and wellness interventions are indicated to support members with metabolic risk whose Behavioral Health Disorders cannot effectively be treated without antipsychotics?

Contact Office of Continuous
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Visit OCQIS Website

<http://www.maine.gov/dhhs/OI/index.shtml>



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